

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-399049

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8	1					
9	1					
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16	1	1				
17	1	1				
18	canceled					
19						
20						
21	1					
22	1					
23	1					
24	canceled					
25						
26	1					
27	1					
28	1					
29	canceled					
30						
31	1					
32						
33						
34						
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36						
37						
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49						
50						
TOTAL IND.	8	↓		↓		↓
TOTAL DEP.	15	←		←		←
TOTAL CLAIMS	21					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						